



Project D.R.E.A.M.

Student Referral Form

Male Female

Name: _____
Last Name First Name Middle Name/Initial

Date of Birth: _____ Child is a : Ward Dependent
Month/Day/Year

Placement Officer: _____ Attorney: _____

Phone Number: _____ Phone Number: _____

E-mail: _____ E-mail: _____

Child's Placement Information

Child placed in a: Foster Home Group Home Phone Number: _____

Caretaker/Group Home: _____

Address: _____
Mailing Address City Zipcode

Child's Education Information

Current School & Location: _____
School Name District

Current Grade: _____ Special Education (Yes or No) IEP In Place Section 504 In Place

History of Suspension/Expulsion: Yes No If yes, how many to date: _____

History of Truancy: Yes No

If in high school, has student passed CAHSEE(s): Math Reading

Please identify any additional educational concerns you have for this child and/or explain why you think tutoring would benefit this child's education.
